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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 137  
Registered No. 137

1. PLACE OF BIRTH

County Gila State ARIZONA  
Township Globe or Village East Ash St. Ward  
City Globe No. East Ash (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Delmaine Armer  
3. Sex Male If plural births None 4. Twin, triplet, or other None 5. Number, in order of birth 1 6. Premature None 7. Legitimate? Yes 8. Date of birth Feb. 11, 19 16  
(Month, day, year)

9. Full name John Henry Armer FATHER  
10. Residence (usual place of abode) Herby  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 32 (Years)  
13. Birthplace (city or place) Gila Co  
(State or country) Arizona  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cattleman  
16. Date (month and year) last engaged in this work 1915 17. Total time (years) spent in this work 20 yrs.

18. Full maiden name Margaret A. Griffin MOTHER  
19. Residence (usual place of abode) Herby  
(If non-resident, give place and State)  
20. Color or race White 21. Age at last birthday 25 (Years)  
22. Birthplace (city or place) Gila Co.  
(State or country) Arizona  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife  
25. Date (month and year) last engaged in this work 1915 26. Total time (years) spent in this work 9 yrs.

27. Number of children of this mother 3 (a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X  
(At time of this birth and including this child)  
28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor  
(months or weeks) During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given no supplemental report (Date of) 19-2-11-775  
Registrar.

(Signed) R. D. Kennedy, M. D.  
or Globe, Arizona, Midwife  
Address Globe, Arizona  
Filed August 29, 1935 Griffin Thomas Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each must be stated in order of birth.